

Family Shelter Parent Record Check Sheet

Resident Name _____ Date of 1st contact __/__/__

Pre Admission Documentation	Initials
Institute for Health and Recovery (IHR) Intake Form (when applicable, from IHR)	
Notice for Approval, Denial, or Termination for Emergency Assistance (when applicable, from DTA)	
Intake Disposition: <input type="checkbox"/> Attempted contact made on __/__/__, __/__/__, __/__/__, __/__/__, __/__/__ <input type="checkbox"/> Interview scheduled on __/__/__ <input type="checkbox"/> Face to Face interview __/__/__ <input type="checkbox"/> Admitted __/__/__ <input type="checkbox"/> Accepted __/__/__ <input type="checkbox"/> Denied because _____ on __/__/__ <input type="checkbox"/> Referred to _____ on __/__/__ <input type="checkbox"/> Disposition letter sent or <input type="checkbox"/> Phone call made to IHR on __/__/__	

Interview Documentation	Initials
Confidentiality of Substance Abuse Client Records	
Resident Intake Form	
Face Sheet (optional to use here or in Admission Documentation Section)	
Consent for the Release for Confidential Alcohol or Drug Treatment Information OR Authorization / Denial to Obtain or Release Information and Records <i>(including IHR and DTA)</i>	
Case Management Contact Sheet	

Admission Documentation	Initials
Admission MIS Form	
Receipt of Orientation Documentation Form	
Resident Agreement / Consent to Services	
Consent for the Release of Confidential Alcohol or Drug Treatment and HIV/AIDS Information to Comply with Disease Reporting Requirements	
Consent for the Release of Communicable Disease Information	
Medication Consent	
Drug and Alcohol Testing Consent	
Emergency Medical Treatment Authorization From	
Resident Agreement to Accept Differences	
Babysitter Agreement	
Food Stamp Contribution Agreement	
Family Responsibilities	
Family Rights	
Code of Conduct	
SPHERE Confidential HIV Risk Assessment (use of SPHERE Risk Assessment is optional)	
Grievance Procedure (each program to provide own procedure)	
Aftercare Agreement	
Exit Policy	
Acknowledgement of Items Received	
Emergency Child Placement Agreement	
Consent to Photograph for Resident Record	
Initial Family Service Plan (including a copy of outpatient treatment plan and DSS Service Plan, if applicable) – <i>including Budget agreement</i>	
Biopsychosocial Assessment from outpatient provider (within 5 days of admission)	
Biopsychosocial Assessment (optional)	



Developed By: FAMILY SHELTER MODEL RECORD TEAM

Sponsored by the Department of Public Health, Bureau of Substance Abuse Services
Facilitated by The Quality Improvement Collaborative

Service Provision Documentation	Initials
Documentation of Physical Examination	
Documentation of TB test	
Medical Encounter Form	
Children's Outside Visit Authorization	
Hepatitis Public Health Fact Sheets	
HIV Public Health Fact Sheets	
Health Education Sign-offs	
Group Note (signed & dated)	
Case Notes (signed & dated)	
Case Conference Review	
Resident Phase Review Form	
Chore Warning	
Area of Concern	
Non-Compliance Warning	
Family Service Plan Updates (<i>including a copy of outpatient treatment plan and DSS Service Plan, if applicable</i>)	
Case Management Note Supplement	
Weekly Case Management Summary	
Time planning	
Babysitter Consent Agreement	
Child Information Sheet	
Critical Incident Reports (when applicable, programs should use own form)	

Discharge Documentation	Initials
Discharge MIS	
Discharge Summary	
Aftercare Plan	
Receipt of Property Form	
Release of Medication	
Resident Satisfaction Survey	
Discharge letter to IHR and DTA (optional)	

Post Discharge Documentation	Initials
Follow-up Contact & Plan	

Date	
Auditor signature	

